## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: ALLISON HOUSE (0010942)

Address: 1404 LILI LANE, ROTHSCHILD, WI 54474

**License Status: REGULAR** 

Licensed/Certified/Registered 04/01/2006

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History** 

Survey ID: 0095760 End Date: 09/29/2005 Type: INITIAL Purpose: SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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